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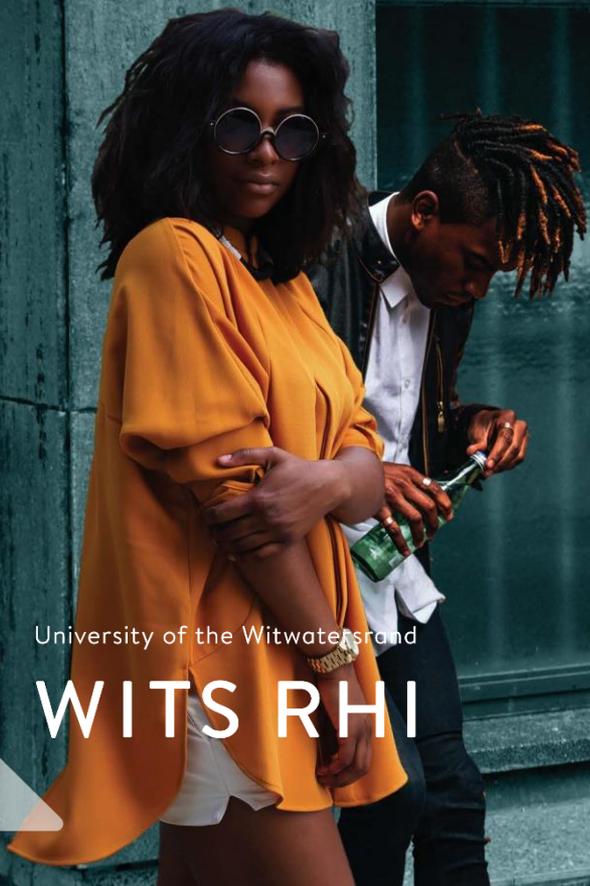
# Youth Care Clubs: Optimising clinic time, fostering peer support, improving adherence

Moira Beery  
Wits RHI

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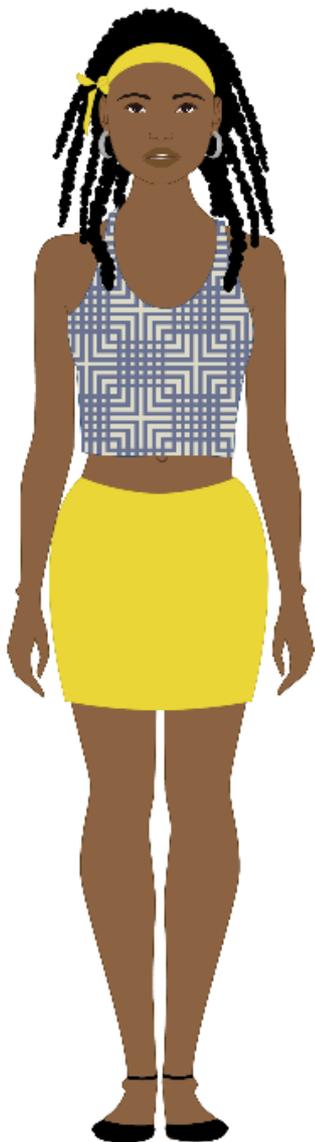
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# Why young people need differentiated care

- Psychological, physical, and social **changes during adolescence present challenges** to ART adherence<sup>1</sup>
  - **Adolescents need continuity of care and assistance** with linking to care, and preventing loss to follow up
- Need for services that address the unique needs that adolescents face regarding HIV treatment and care



*“There is no privacy at the clinic everyone sees you and there is too much judgement from the staff.”*  
—youth ART patient

*“I can wait more than 4 hours at the clinic. I have to remind the nurse sometimes to take my viral load and creatinine, and they don’t even ask me how I’m feeling.”*  
—youth ART patient

# What Are Youth Care Clubs (YCCs)?

- Innovative **group-based HIV management approach**
- **A differentiated** Adolescent and Youth Friendly Service (AYFS) **care package** for adolescents and youth living with HIV
- Provides **integrated psychosocial and clinical care**
- To improve **adherence and retention** in care of adolescents and youth living with HIV (ALHIV)



## Adult Adherence Clubs

VS

## Youth Care Clubs

For 30 stable adult patients only,  
with VLs suppressed for at  
least 6 months

For 15-20 newly initiated, with  
VLs suppressed and with VLs not  
suppressed AYLHIV (12-24years)

Held every 2-3 months

Held monthly for the first 12 months,  
thereafter YCC members choose to  
continue meeting monthly or  
every 2 months

Repeat ART supply provided by club  
counsellor in the club room to all  
members

**Repeat ART supply provided by:**

**YCC counsellor** to members with VLs  
suppressed on ART for >6 months in  
the club room

**YCC clinician** to members newly  
initiated and with VLs not suppressed  
during their clinical consultation after  
the club

Facilitated by a counsellor,  
no planned discussion

Interactive, youth-focused discussion  
(integrating the I ACT for Adolescents  
curriculum) facilitated by  
YCC counsellor

# The Building Blocks of YCCs



## WHEN

Meet **monthly** for the first 12 months, thereafter YCC members can choose every 2 months



## WHERE

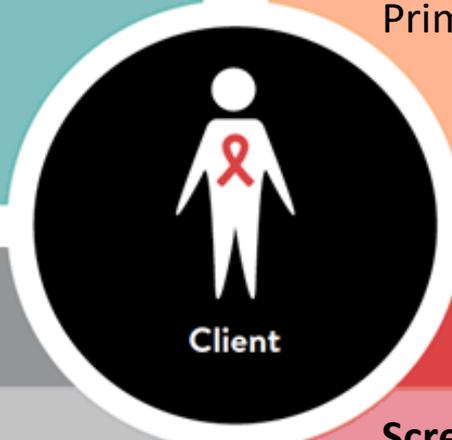
HIV clinic/Hospital  
Primary Care **clinic**

Safe space near the clinic *e.g. school, church, community hall*



## WHO

Facilitated by  
**Counsellor**/Health Promoter/Peer Educator  
NIMART trained **nurse** or clinician  
Patients: Suppressed VL or not



Client



## WHAT

**Screening** for TB, STIs, HIV symptoms,  
Contraception use, poor Nutrition and  
Psychosocial well-being  
Interactive youth-focussed **discussion**  
**ART refill**  
**Clinical consultation**

# What happens during a YCC visit?



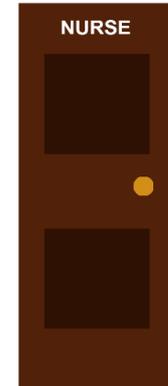
1. Screening



2. Interactive discussion

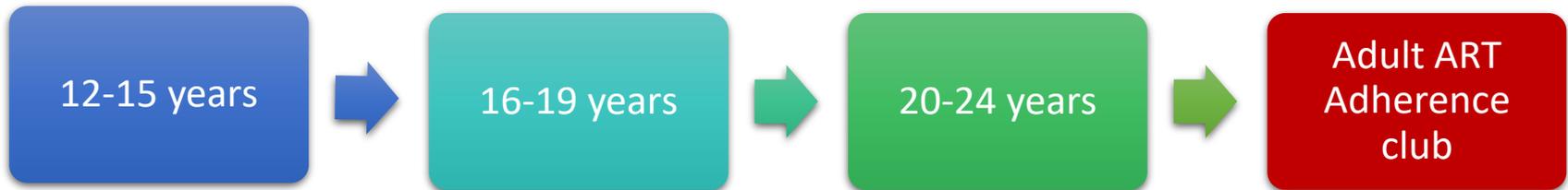


3. Get pre-packed medication



3. Visit the nurse

# Transition



- The YCC model offers smooth transition into adult care
- As YCC members age together in one group, they can naturally transition into an adult ART adherence club.

*Group-transition minimises the disruption and emotional difficulty that many young people face when having to exit paediatric and youth care to join adult care.*

# Programme Outcomes



40 YCCs  
In 23 facilities



787 patients ever in YCCs  
606 (77%) retained in YCCs



33% male, 67% female



Median age



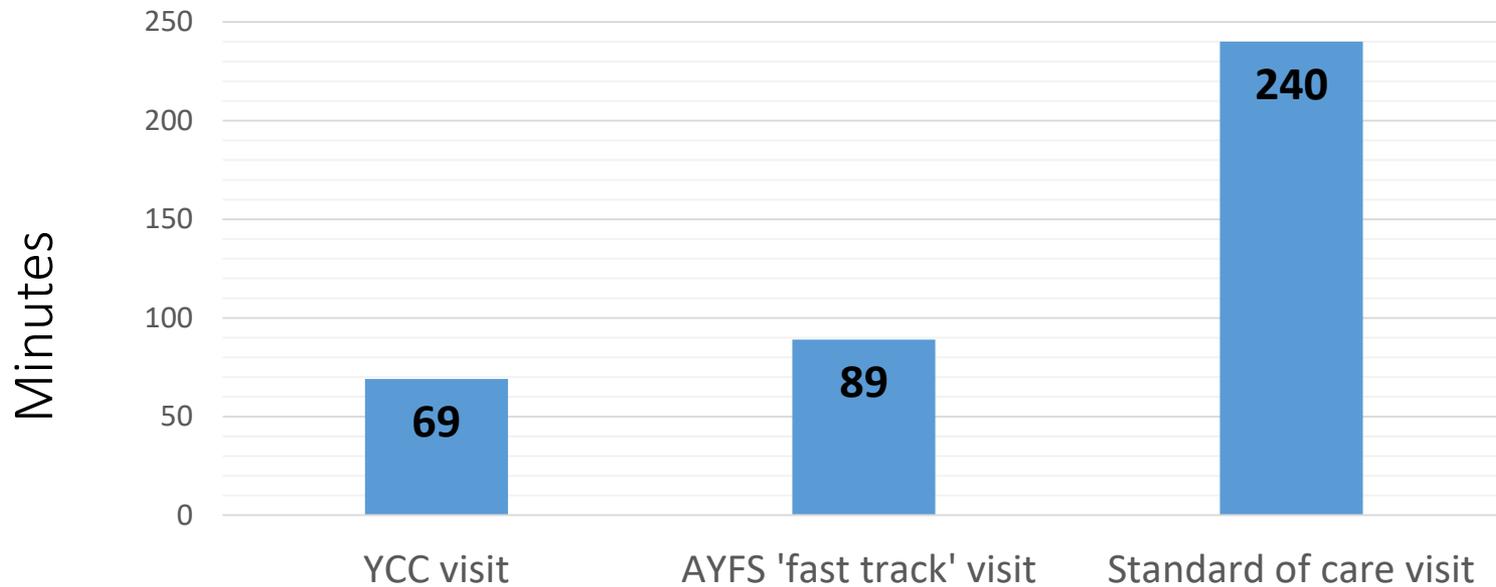
25% Females accessed family  
planning through YCC  
5% of patients screened  
positive for other needs



**86% viral load suppression**  
among patients with available  
results in YCC >12 months  
30% eligible patients missing a  
new VL in past 12 months

# Time Analysis

Average total visit time per visit model



Time spent engaged with peers and staff

75% of time spent in unengaged waiting

# Lessons Learned

- YCCs could be a nationally-mandated **AYFS delivery model/intervention** for HIV positive adolescents and youth.
  - Offers true ‘one-stop shop’
  - Keep clubs in the clinic or in a safe space close to the clinic
- Employ **young people or staff with an interest** in working with young people.
- Incorporate what works well with youth; such as communicating via **WhatsApp and Facebook**, providing a healthy snack and allow for **social contact** outside the club visits.

# YCC Tools Available

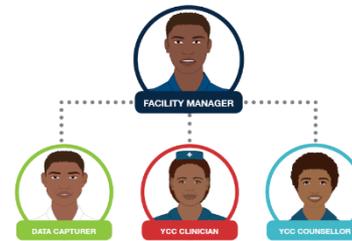
[www.AIPBestPractices.com](http://www.AIPBestPractices.com)



YCC Implementation Guide



YCC Workbook



YCC in-service slides

Youth Care Club Register

Club Number:  
Club Day & Time:  
Club Clinician:  
Club Counsellor:

YCC register and audit tool



YCC How-to video

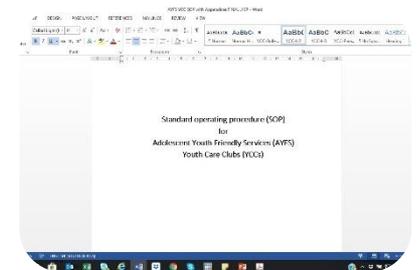
YCC Facilitator:  Time:

JANUARY 2018							FEBRUARY 2018							MARCH 2018													
1	2	3	4	5	6	7	1	2	3	4							1	2	3	4							
8	9	10	11	12	13	14	5	6	7	8	9	10	11	5	6	7	8	9	10	11							
15	16	17	18	19	20	21	12	13	14	15	16	17	18	12	13	14	15	16	17	18							
22	23	24	25	26	27	28	19	20	21	22	23	24	25	19	20	21	22	23	24	25							
29	30	31					26	27	28					26	27	28	29	30	31								
APRIL 2018							MAY 2018							JUNE 2018													
						1	1	2	3	4	5	6	1	2	3	4											
2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10							
9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17							
16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24							

Appointment Card



Save-the-Date poster



YCC SOP

# In Conclusion

The YCC group model provides efficient, comprehensive, convenient care for AYLHIV:

- Improved adherence and retention in care
- Fosters supportive relationships
- Provides comprehensive care
- Can be applied in different contexts
- Optimise clinic time

[www.AIPBestPractices.com](http://www.AIPBestPractices.com)